

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS82AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/05/2009
NAME OF PROVIDER OR SUPPLIER BEST CARE FACILITY 1		STREET ADDRESS, CITY, STATE, ZIP CODE 720 S NINTH STREET LAS VEGAS, NV 89101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28384 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 11/5/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 18 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 14. Complaint #00023530 was substantiated. The following deficiencies were identified:	Y 000		
Y 172 SS=F	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation, and interview on 11/05/09,	Y 172		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 172	Continued From page 1 the facility failed to ensure 1 of 1 garbage containers were covered to prevent rodents from gaining access to the facility's garbage. Severity: 2 Scope: 3	Y 172			
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation on 11/5/09, the facility owner failed to ensure there was not an accumulation of refuse, storage boxes and other items in the dining area. The owner was storing storage items, clothes hampers, boxes and other items against two walls in the dining area, interfering with access and creating a safety hazard. Severity: 2 Scope: 3	Y 175			
Y 305 SS=E	449.218(5)(a) Bedrooms - Storage Space NAC 449.118 5. Each resident must be provided: (a) At least 10 square feet of space for storage in a bedroom for each bed in the bedroom. This Regulation is not met as evidenced by:	Y 305			

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Y 305	Continued From page 2 Surveyor: 28384 Based on observation on 11/05/09, the facility failed to ensure at least 10 square feet of storage space was provided for each bed in 5 of 10 resident bedrooms (Bedrooms #3, #4, #5, #9 and #10). Severity: 2 Scope: 2	Y 305			
Y 350 SS=E	449.222(1) Bathrooms and Toilet Facilities NAC 449.222 1. Each residential facility with less than seven residents that was issued an initial license before January 14, 1997 must have bathroom facilities in sufficient number to accommodate the residents, the members of the staff of the facility and other persons at the facility. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation and interview on 11/5/09, the toilet in one of three bathrooms was out of order. There was a shower curtain laying on the floor in front of the toilet and the facility manager stated the toilet was not operational. Severity: 2 Scope: 2	Y 350			

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